

ANNUAL PLEDGE FORM

#GiveWhereYouLive



UNITED WAY
Greater Chippewa Valley

PERSONAL & WORK INFORMATION

☐ MR. ☐ MRS. ☐ MS. ☐ MX. ☐ DR.

FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ ☐ CELL ☐ HOME EMAIL _____

WORKPLACE _____ WORK EMAIL _____

WORK NUMBER _____

I WISH TO INVEST BY... (CHOOSE THE OPTION THAT BEST FITS YOUR LIFE!)

1. **RECURRING PAYROLL DEDUCTION** - PLEASE DEDUCT: _____ X _____ PAY PERIODS = \$ _____
AMOUNT PER PAY PERIOD # TOTAL INVESTMENT

PAY PERIOD EXAMPLE: WEEKLY (52) / BI-WEEKLY (26) / SEMI-MONTHLY (24) / MONTHLY (12) / OR OTHER

2. **ONE TIME PAYROLL DEDUCTION** - AMOUNT: \$ _____ DATE TO BE DEDUCTED: ____/____/____

3. **DIRECT DONATION** - AMOUNT: \$ _____

☐ CASH ☐ CHECK # & DATE: # _____ / ____ / ____

☐ CREDIT CARD # _____

☐ INVOICE ME: ON THIS DATE ____/____/____

☐ EMAIL ME, PLEASE!

☐ 1 TIME - MIN. OF \$50 ☐ QUARTERLY - MIN. OF \$100

4. **LEGACY GIVING** -

☐ STOCKS / SECURITIES ☐ PLANNED GIVING

WANT TO GET MORE INVOLVED?

☐ ADVISORY COUNCIL ☐ BOARD MEMBERSHIP ☐ CAMPAIGN CABINET
☐ EMERGING LEADERS ☐ TEAM LEADERSHIP CIRCLE

MY INVESTMENT LAST YEAR WAS: \$ _____

I'D LIKE TO INCREASE BY:

☐ 5% _____

☐ 10% _____

☐ 15% _____

MY TOTAL INVESTMENT: \$ _____

*An annual investment of \$500+ qualifies you into our Leadership Circle donor group!

I WANT MY DONATION TO BE INVESTED IN... (CHOOSE THE OPTION(S) YOU'RE PASSIONATE ABOUT)

☐ PLEASE INVEST MY DOLLARS TO DO THE MOST GOOD (SUPPORT ALL OF UNITED WAY'S INITIATIVES, IN CHIPPEWA & EAU CLAIRE COUNTIES)

CHOOSE THE INITIATIVE(S): ☐ HEALTH ☐ EDUCATION ☐ FINANCIAL STABILITY ☐ BASIC NEEDS ☐ DIGITAL ACCESS + ENGAGEMENT

☐ CHIPPEWA & EAU CLAIRE COUNTIES ☐ CHIPPEWA COUNTY ☐ EAU CLAIRE COUNTY ☐ DUNN COUNTY ☐ _____

SIGN HERE: _____ DATE TO BE DEDUCTED: ____/____/____ ☐ I/WE WISH TO REMAIN ANONYMOUS

THANK YOU FOR YOUR GENEROSITY

UNITED WAY GREATER CHIPPEWA VALLEY | 1729 WESTGATE RD., EAU CLAIRE, WI 54703 | 715-834-5043 | UWGCV.ORG

OKAY, LET'S BREAK THIS DOWN - HOW YOUR INVESTMENT MAKES A DIFFERENCE:

\$10

ONE MONTH OF MENTAL HEALTH SERVICES
to one survivor of domestic violence, abuse or assault

16 NUTRITIOUS MEALS
to a person in need

FINANCIAL COACHING, EDUCATION & DEBT MANAGEMENT
to one household.

\$25

ONE MONTH OF NURSE HOME VISITING SERVICES
for one family.

ONE MONTH OF MENTAL HEALTH SERVICES
for one patient.

TWO MONTHS OF HOUSING OR SUPPORTIVE SERVICES
for one household experiencing being un-housed.

\$50

80 NUTRITIOUS MEALS
for a person in need.

TEN MONTHS OF COMPREHENSIVE CASE MANAGEMENT
for households facing being un-housed.

\$100

ONE YEAR OF SOCIAL CONNECTEDNESS PROGRAMMING
for one youth between the ages of 7 - 18 years old.

SIX SESSIONS OF MENTAL HEALTH THERAPY
for household with children.

\$250

410 NUTRITIOUS MEALS
to a person in need.

TWO YEARS OF MENTAL HEALTH SERVICES
to one household impacted by domestic violence, abuse and assault

\$500

ONE YEAR OF MENTAL HEALTH THERAPY
for one household with children.

TWO YEARS OF MENTAL HEALTH SERVICES
for two households impacted by domestic violence, abuse and assault

THANK YOU TO OUR SPONSORS!



SWEEPSTAKES OPPORTUNITY

YOU WILL BE AUTOMATICALLY ENTERED INTO OUR SWEEPSTAKES DRAWING WHEN YOU:

- PLEDGE AS A NEW DONOR, \$1 OR MORE / PAYCHECK
- INCREASE YOUR PREVIOUS PLEDGE BY \$1 MORE / PAYCHECK

☐ DO NOT INCLUDE ME IN
THE SWEEPSTAKES DRAWING

